View metadata, citation and similar papers at core.ac.uk
brought to you by CORE

Main text

A 65-year- old man was referred to us because of general fatigue. A chest X-ray film showed an air-fluid level in a right upper bullous lesion (Figure1). The results of physical examination and laboratory tests were unremarkable. A chest X-ray film obtained 2 weeks later showed no appreciable changes. However, computed tomography (CT) of the chest revealed a mass within the giant bulla in the right upper lobe (Figure 2). Although primary lung cancer was suspected, we found no malignant cells in a transbronchial lung biopsy specimen. The patient underwent a right upper lobectomy. The diagnosis was adenocarcinoma arising from the wall of the pulmonary bulla. The intracystic fluid was serous, and no bacteria or malignant cells were detected.

FIGURE LEGENDS

Figure 1: (A) – A chest radiograph, showing an air-fluid level in a giant bulla.

(B) – A CT scan, showing tumor density in contact with the bulla.

Figure 2: (A) – The resected specimen, showing a mass arising in a giant bulla.

(B) – Microscopic findings, showing adenocarcinoma along the wall of the bulla.

Hematoxylin and eosin stain. Original magnification x10

(C) – Hematoxylin and eosin stain. magnification x40

掲載情報　：Asian Cardiovascular and Thoracic Annals24(8)2016
バージョン：accepted
掲載　　：公立大学法人横浜市立大学

Title

A case of adenocarcinoma arising in a pulmonary bulla with air-fluid level

Abstract

A 65-year- old man was referred to us because of general fatigue. A chest X-ray film showed an air-fluid level in a right upper bullous lesion. Although a chest X-ray film obtained 2 weeks later showed no appreciable changes, computed tomography (CT) of the chest revealed a mass within the giant bulla in the right upper lobe. The patient underwent a right upper lobectomy. The diagnosis was adenocarcinoma arising from the wall of the pulmonary bulla. The intracystic fluid was serous, and no bacteria or malignant cells were detected.